

Myxedema

► Personal history

أم حسن female pt, 55 years old, from المنوفية , house wife, married and have 2 offspring, no special habit of medical importance.

► c/o

Puffiness of upper eye lids of 7 years duration.

► HPI

The condition started 7 years duration by gradual onset, progressive course of **puffiness** of upper eyelid followed by **generalized body swelling** and diagnosed as nephrotic disease and take medication in the form of corticosteroid.

one year later, the patient experienced **marked weight gain despite loss of appetite**, **cold intolerance**, marked **fatigue**, and sever **constipation** relieved only by enema. Few years later the patient suffered from **tingling and numbness** in both hands and feet, **difficulty in lifting heavy objects**, and the patient become **apathetic, dull**. The patient also suffered from **headache and blurring of vision** and was discovered as hypertensive patient and also noticed **abnormal increase in menstrual blood** and **marked irregularity** in previously normal cycles.

the patient sought medical advice and investigated by thyroid function tests and diagnosed as myxedema and treated by thyroxin.

3 years after TTT, the patient developed **retrosternal chest pain** radiated to the left shoulder, increased with exercise, investigated by ECG and ECHO and diagnosed as ischemic heart disease and treated by nitrates. This was followed by **polyphagia, polydipsia** investigated by random blood sugar and diagnosed as diabetes mellitus .

► Past history

No drugs, operation, disease (DM, HPN).

► Family history

- No consanguinity.
- No similar condition in family.
- No common disease in family.

► General exam

- **Temperature:** 35° c.(now improved)
- **Bl. Pressure:** 160/90.
- **Pulse:** Regular, 60 beat/minute, average volume, no special character, equal in both side, intact peripheral pulsation, vessel wall is not felt. (was bradycardia)
- **Cold intolerance.**
- **Built:** Over-weight.

- **Color:** Malar Flush, pallor, carotinemia (may be)
- **Mentality:** The patient is fully conscious, well oriented for time, place and person. Average mood and memory. The patient is co-operative with average intelligence.

Head:

- Puffy face.
- Dry brittle hair then Alopecia.
- Loss of outer $\frac{1}{3}$ of eye brows, periorbital swelling.
- Husky voice.
- Malar flush.
- No macroglossia.

Neck:

No scar, no dilated veins, no thyroid swelling.

Extremities:

UL & LL: non pitting edema.

► Systemic Examination

- **Skin:** Cold, pale, thick, edematous.
- **Muscle:** myopathy, neuropathy>>notice delayed relaxation of tendon jerks (see Neuro)
- **Cardio:** search for HTN, IHD, pericardial effusion (cardio)
- **Chest :**search for pleural effusion.
- **Abdomen :** abdominal distension.

► Investigation

Thyroid function tests.

► Treatment

Replacement by levothyroxine gradually to avoid coronary heart disease.

► Diagnosis :

A case of myxedema most probably autoimmune.

❖ Why myxedema??

Deposition of myxedematous substance.

Exclude iatrogenic cause.

❖ Why autoimmune?

Exclusion of iatrogenic causes, associated DM.